

**Council on Domestic Violence and Sexual Assault
Alaska Department of Public Safety**

GRANT APPLICATION FACE SHEET

Community Readiness and Capacity Building grant program: FY2018

1. Applicant (name of organization): _____

Mailing address: _____

_____ Phone: _____

2. CDVSA funds requested (FY 18): \$ _____

3. Program name (if different than #1): _____

4. Program DUNS number (required) _____

5. Contact individuals (authorizing official means a person on a non-profit's Board of Directors granted permission to sign documents on the program's behalf):

A. Authorizing Official (name and title): _____

Mailing address: _____ Phone: _____

B. Program Director: _____

Mailing address: _____ Phone: _____

Email address: _____ Fax: _____

8. Communities to be served: _____

9. Terms and conditions: The undersigned grant applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Regulations (13 AAC 90.010-190; 13 AAC 95.010-900 and 22 AAC 25.010-25.090) and the grant application package.

Signature of Authorizing Official: _____ Date: _____

Print name of Authorizing Official: _____